

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

U.S. DISTRICT COURT S.D. OF N.Y. Service of Process by the U.S. Marshal"
the reverse of this form.

PLAINTIFF

Kevin Gamble

DEFENDANT

Officer J. Isaacs

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, PARTNERSHIP, OR ASSOCIATION OF PROPERTY TO SEIZE OR CONDEMN

Officer J. Isaacs

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Elmira Correctional Facility, PO Box 500, Elmira, NY 14902

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Kevin Gamble

00-A-6025

Elmira Correctional Facility

PO Box 500

Elmira, NY 14902-0500

Number of process to be
served with this Form - 285

0500

Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

G.D. Brian

USMT

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

No. 52

District
to Serve

No. 52

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

1/9/06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am
1-10-06 pm

Signature of U.S. Marshal or Deputy

R Clarke

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
8.00			8.00			

REMARKS:

service via regular mail 1/9/06
USM 299 received 1-11-06

U.S. Department of Justice
 United States Marshals Service
 Northern District of New York
 PO Box 7260
 Syracuse, NY 13261



**STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT
 OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT**

A. STATEMENT OF SERVICE BY MAIL

United States District Court
 for the
 Northern District of New York

TO: J. Isaacs
 Elmira Correctional Facility
 P.O. Box 500
 Elmira, New York 14902-0500

Civil File Number 05-CV-1097

Kevin Gamble
 v
J. Isaacs

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or for your attorney. If you wish to consult an attorney, you should do so as soon as possible.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires thirty(30) days after the day you mail or deliver this form to the sender.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint by Mail was mailed on January 9, 2006.

 Signature (USMS Official)

B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I received the summons and complaint in the above-referenced matter.

CHECK ONE OF THE FOLLOWING; (IF 2 IS CHECKED, COMPLETE AS INDICATED)

1. ☒ I **am not** in military service of the United States.
2. ☐ I **am** in military service of the United States, and my rank, serial number and branch of service are as follows:
 Rank: _____
 Serial Number: _____
 Branch of Service: _____

TO BE COMPLETED REGARDLESS OF MILITARY STATUS:

I affirm the above as true under penalty of perjury.

Signature Jeffery Isaacs

Print Name JEFFERY ISAACS

Date of Signature 1-10-06

Name of Defendant for which acting DOCS

Relationship to defendant/Authority to Receive Correction Officer